

OFFICE OF THE STATE CONTROLLER  
STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2004-11  
VOTERS REGISTRATION PROCEDURES

AUGUST 31, 2004

Enclosed is material relating to the claiming reimbursement of 2003-04 fiscal year costs pursuant to Chapter 704/75, Voters Registration Procedures.

Section 2130 of the Elections Code states:

"From moneys appropriated by the Legislature, the Controller shall allocate and disburse to the counties the amounts necessary to reimburse them for net costs incurred by them in complying with voter registration provisions, including the provisions authorizing voter registration by mail and voter outreach programs, as set forth in Chapter 704 of the Statutes of 1975, as amended. The Secretary of State, in consultation with the Controller, shall develop a formula for the reimbursement of these costs. The Controller shall prescribe the forms for filing claims pursuant to this section. These claims shall be submitted to the Controller by October 31 in the year following the fiscal year in which the costs were incurred."

An individual per affidavit cost reimbursement formula was developed by the Secretary of State (SOS) in consultation with the State Controller's Office for each county based on 1992-93 fiscal year cost data. In addition, the SOS worked in a cooperative effort with county election officials over a two-year period to develop formulas for reimbursement that would accurately reflect each county's actual net costs.

Annual payment to an individual county for conducting mail registration would be the 1992-93 per affidavit cost adjusted for annual changes in the California Consumer Price Index (CA CPI) as provided by the State Department of Finance, Economic Research Unit. The CA CPI increases were 3.2% in 1993-94, 1.7% in 1994-95 and 1995-96, 2.3% in 1996-97, 2.0% in 1997-98, 2.4% in 1998-99, 3.2% in 1999-00, 4.3% in 2000-01, 2.9% in 2001-02, 2.6% in 2002-03, and 1.9% in 2003-04.

The county must complete Form VRP-1 to determine the amount that can be claimed for the 2003-04 fiscal year. A signed, original form FAM-27C, and all other forms must be submitted. Claims for reimbursement of 2003-04 fiscal year costs must be filed with the State Controller's Office, delivered or postmarked by **October 31, 2004**.

Mailing addresses for filing claims:

If delivered by  
U.S. Postal Service:

Office of the State Controller  
Attn: Local Reimbursements Section  
Division of Accounting and Reporting  
P.O. Box 942850  
Sacramento, CA 94250

If delivered by  
other delivery services:

Office of the State Controller  
Attn: Local Reimbursements Section  
Division of Accounting and Reporting  
3301 C Street, Suite 500  
Sacramento, CA 95816

If there are any questions concerning the enclosed material, please write to the above address or call the Local Reimbursements Section at (916) 324-5729.

<b>CLAIM FOR PAYMENT</b> <b>Pursuant to Government Code Section 17561</b> <b>VOTERS REGISTRATION PROCEDURES</b>			<b>For State Controller Use Only</b> (19) Program Number 00056 (20) Date Filed (21) LRS Input		<b>PROGRAM</b> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">056</div>	
(01) Claimant Identification Number			<b>Reimbursement Claim Data</b>			
(02) Claimant Name			(22) FORM-1, (I)(a)			
Address			(23) FORM-1, (I)(b)			
			(24) FORM-1, (I)(c)			
			(25) FORM-1, (II)(a)			
<b>Type of Claim</b>	<b>Estimated Claim</b>	<b>Reimbursement Claim</b>	(26) FORM-1, (II)(b)			
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>	(27) FORM-1, (III)			
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)			
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)			
<b>Fiscal Year of Cost</b>	(06)	(12)	(30)			
<b>Total Claimed Amount</b>	(07)	(13)	(31)			
Less: <b>10% Late Penalty (refer to claiming instructions)</b>		(14)	(32)			
Less: <b>Prior Claim Payment Received</b>		(15)	(33)			
<b>Net Claimed Amount</b>		(16)	(34)			
<b>Due from State</b>	(08)	(17)	(35)			
<b>Due to State</b>		(18)	(36)			
<b>(37) CERTIFICATION OF CLAIM</b>  <p>In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amounts for the Reimbursement Claim are hereby claimed from the State for payment of actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">           Signature of Authorized Officer   <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/>           Type or Print Name            (38) Name of Contact Person for Claim   <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> </div> <div style="width: 45%;">           Date   <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/>           Title   <div style="display: flex; justify-content: space-between;"> <div>             Telephone Number   <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> </div> <div>             E-mail Address   <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> </div> </div> </div> </div>						

<b>Program</b>  <b>056</b>	<b>VOTERS REGISTRATION PROCEDURES</b> <b>Certification Claim Form</b> <b>Instructions</b>	<b>FORM</b> <b>FAM-27</b>
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- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P. O. Box address, City, State, and Zip Code.
- (03) Leave blank.
- (04) Leave blank.
- (05) Leave blank.
- (06) Leave blank.
- (07) Leave blank.
- (08) Leave blank.
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of the reimbursement claim from Form-1, line (III). The total claimed amount must exceed \$1,000.
- (14) Reimbursement claims must be filed by **February 15** of the following fiscal year in which costs were incurred, otherwise the claims will be reduced by a late penalty. Enter zero if the claim was timely filed, otherwise, enter the product of multiplying line (13) by the factor 0.10 (10% penalty), not to exceed \$10,000.
- (15) If filing a reimbursement claim or a claim was previously filed for the same fiscal year, enter the amount received for the claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g., Form-1, (I)(a), means the information is located on Form-1, line (I)(a). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35.  
**Completion of this data block will expedite the payment process.**
- (37) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the district's authorized officer, and must include the person's name and title, typed or printed. **Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**
- (38) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

**SUBMIT A SIGNED ORIGINAL, AND A COPY OF FORM FAM-27, WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:**

***Address, if delivered by U.S. Postal Service:***

**OFFICE OF THE STATE CONTROLLER  
 ATTN: Local Reimbursements Section  
 Division of Accounting and Reporting  
 P.O. Box 942850  
 Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**OFFICE OF THE STATE CONTROLLER  
 ATTN: Local Reimbursements Section  
 Division of Accounting and Reporting  
 3301 C Street, Suite 500  
 Sacramento, CA 95816**

METHOD OF REIMBURSEMENT COMPUTATION  
Chapter 704, Statutes of 1975, Voters Registration Procedures  
2007-08 Fiscal Year Costs

**FORM  
VRP-1**

County of \_\_\_\_\_

To complete this form, indicate the number of voters' affidavits processed by source and total in part I. and compute the county's reimbursement using the formula described in part II.

I. Affidavits processed by source:

a. Number of affidavits processed by MAIL  
(Through postal service)

\_\_\_\_\_

b. Number of affidavits received over the counter

\_\_\_\_\_

c. Number of affidavits received through  
Official Deputy Registration

\_\_\_\_\_

Total number of affidavits processed

\_\_\_\_\_

II. Formula for computing the reimbursement:

a. Total number of affidavits processed  
(Above)

\_\_\_\_\_

b. Enter the county reimbursement factor.  
Refer to the schedule on form VRP-2, entitled  
"2007-08 Reimbursement Factors by County -  
Amount Per Affidavit."

\$ \_\_\_\_\_

III. Total 2007-08 Reimbursement Claimed  
(Multiply IIa. Times IIb.)

\$ \_\_\_\_\_

**VOTERS REGISTRATION PROCEDURES**  
**2007-08 REIMBURSEMENT FACTORS BY COUNTY**  
**AMOUNT PER AFFIDAVIT PROCESSED**

**FORM**  
**2**

COUNTY	AMOUNT PER AFFIDAVIT	COUNTY	AMOUNT PER AFFIDAVIT
Alameda	0.500	Orange	0.451
Alpine	3.106	Placer	0.985
Amador	3.106	Plumas	3.106
Butte	1.099	Riverside	0.500
Calaveras	3.106	Sacramento	0.500
Colusa	3.106	San Benito	3.106
Contra Costa	0.500	San Bernardino	0.500
Del Norte	3.106	San Diego	0.451
El Dorado	1.157	San Francisco	0.500
Fresno	1.099	San Joaquin	0.985
Glenn	3.106	San Luis Obispo	0.985
Humboldt	1.157	San Mateo	0.985
Imperial	3.106	Santa Barbara	0.985
Inyo	3.106	Santa Clara	0.451
Kern	1.099	Santa Cruz	0.985
Kings	3.106	Shasta	1.157
Lake	3.106	Sierra	3.106
Lassen	3.106	Siskiyou	3.106
Los Angeles	0.451	Solano	0.985
Madera	3.106	Sonoma	0.985
Marin	0.985	Stanislaus	0.985
Mariposa	3.106	Sutter	3.106
Mendocino	3.106	Tehama	3.106
Merced	1.157	Trinity	3.106
Modoc	3.106	Tulare	0.985
Mono	3.106	Tuolumne	3.106
Monterey	0.985	Ventura	0.985
Napa	1.157	Yolo	1.157
Nevada	1.157	Yuba	3.106